

First Steps Provider Advisory Group Meeting

October 16, 2008

DOH Kent Office

Facilitator: Cynthia Huskey

Note takers: Cynthia Huskey and Jan Crayk

Attendees: Annette Barfield, Frank Busichio, Lisa Campbell-John, Karla Cain, Kathy Chapman, Jan Crayk, Sheryl Hermanson, Cynthia Huskey, Karen Jacobsen, Susan Laabs, Kathi Lloyd, Nita Lynn, Becky Peters, Suzanne Plemmons

Absent: Diane Bailey, Todd Slettvet, Sandy Owen

TIME	AGENDA ITEM	PRESENTER	EXPECTED OUTCOME	DISCUSSION/DECISIONS	ACTION ITEMS
10:30	Welcome and Review Agenda	Cynthia Huskey	Settle in and review the agenda		
10:40	Local Updates	Local Providers	Share local updates	<p>Kitsap:</p> <ul style="list-style-type: none"> The HD is still working on the 2009 budget. They have made significant cuts over the last 2 years will not refill 2 PHNs positions. The regional Epidemiologist was laid off d/t decreased ER Prep funding. Need ½ million local dollars to balance the budget. County usually gives a 2-3% increase, but this year it will likely be a decrease. For the first time Environmental Health is having financial difficulties d/t decreased permit revenues. Their deficit is affecting Community Health programs. Funding levels for 2010 looks worse. Kitsap has support in their admin/county directors to keep MCH programs funded at some level. Still doing Welcome Home Baby and they are collecting good data about their universal HV program. <p>Clallam:</p> <ul style="list-style-type: none"> The health dept is doing few visits in Forks area. FS Family Support Center is continuing to do MSS/ICM, but at a lower rate. The decrease in visits is due to the change in their MSS subcontractor provides postpartum visits. 	

				<ul style="list-style-type: none"> Received a PCAP grant from DASA starting this July. Will serve 30-34 moms who have used substances during their pregnancies and have a baby < 6 mo. They can serve them for 3 yrs and are currently fully staffed and ready to open. Started Parents as Teachers (PAT) program. It's almost full, serving some LEP. <p>Spokane:</p> <ul style="list-style-type: none"> There are 5 FS providers in Spokane and the non-health district providers have seen a decrease in client referrals. One factor is CSO referring many first-time pregnant women to NFP. Annette went to the HV visiting meeting and said it was not as relevant to FS as she thought because they were focused on HV program outcomes. Lois Schipper spoke up at the meeting in Tacoma in support of First Steps. Other PAG members they also attending the HV meetings around the state. <p>Yakima:</p> <ul style="list-style-type: none"> Began their enhanced FS program (Thrive by Five) in August. They also have NFP, PAT and enhanced FS in their community. At Farmworkers they are asking women "Are you interested in a home visiting program"? When they do due intakes on Fridays the NFP nurse is there and are give the referral for FS. If the Mom does not want to be in the NFP program the referral is given back to Farmworkers. They are trying to coordinate so families are not bombarded with different providers. Yakima also got a LAUNCH grant – focusing on mental health. <p>Walla Walla:</p> <ul style="list-style-type: none"> There have been cutbacks; lost their secretary position and a .5 FTE RN, at the Women's Center they have changed the pp HV to a pp f/u visit in the hospital. Two staff were doing breast health and that will need to go back to Mammography. They are going to try an experiment with the CSO referrals. The CSO is going to give the referral list to one agency to go through the list and dividing up referrals. The agency responsibility will change every three months. <p>Okanagan:</p> <ul style="list-style-type: none"> They are already challenged by being a frontier county. 2nd highest teen pregnancy rate in state. Received a grant to work with teens in the school district, but had to turn it down d/t lack of community support. Family Health Center (FHC) has been providing FS for 12 years. FHC has dovetailed FS with prenatal care. 	
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				<ul style="list-style-type: none"> • Health district is planning to stop providing FS services and FHC will be absorbing their clients. They have had a few meetings to try and coordinate the transfer of services and will hire the HD RD who is also a lactation specialist. • Mental Health has always been difficult to access and is even less accessible since losing therapists and only providing group counseling. <p>Yakima is losing their mental health therapists too because they can now bill Medicaid directly.</p> <p>Snohomish:</p> <ul style="list-style-type: none"> • Same situation as Kitsap HD, but will need to cut \$1.2 million. Clinic staff is seeing 7 clients a day, combined with WIC. • There is no competition among agencies for clients because of the high volume of referrals. So there is no issue with first-time Moms going directly into NFP. • Board of Health met Tuesday and set up an ad hoc finance committee with a 3 week deadline to make budget decisions. They will look at every program and could be looking at cutting 50 FTEs out of 250 staff. Morale in HV staff has not been good. People will know within 3-4 weeks how things will play out. They rallied a lot of support from the community but a decrease in permits for wells/septic systems, people going out to eat less, etc. all trickles down to serious concern. The cuts could be across the board or entire programs. • FS providers meet every month. They are having meetings with substance use folks in county to talk about increasing numbers of substance abusing families and how they can serve them. They have Safe Babies Safe Moms but not PCAP. • SeaMar is considering setting up an OB residency program. • Hospital is looking at a hospitalist model. Bringing folks to the table re: Prenatal Care Access has been helpful. • Frank has accepted a position with DOC, as a health care manager at the Monroe complex. His suggestions for his PAG replacement – Gina Veloni, manager with NFP/FS, Kathy Adamson, or Joy Good from VN. <p>Pierce (Answers):</p> <ul style="list-style-type: none"> • FS Coordinators meeting was yesterday and they are hoping that Leslie Harmon will facilitate future meetings. The main concern is where the state budget cuts will occur. No one is reporting staff cuts, but concerned about what state cuts will be. • Client referral lists from the CSO have been really late resulting in only a few good referrals. • Answers was approved for a new CFIS contract (another preventive program) along 	
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				<p>w/17 others. Historically only 2 agencies were approved.</p> <ul style="list-style-type: none"> • They are also applying for drug & alcohol assessment contract to get women into treatment quicker. • They are also developing a website which should be done by next month. • Reorganization w/in the county for Children's & Families services by dividing the office into two locations- Pierce West and one other. They are implementing a new computer system. 	
11: 55	State Update	State Staff	Share state update	<p>State Budget- Governor has asked all state agencies to take cuts this biennium, which ends June 30th 2008. Certain agencies have been instructed to cut more. DSHS and DOC use most of the states funds so those two Departments will be looked at closer. DSHS will look at all optional programs. One issue that will impact everyone is the reimbursement for OB providers which is lagging and may not improve.</p> <p>FS Budget - We were hoping to go forward with a decision package this year, but w/the economy that is unlikely. We have no indications of cuts at this time, but again, all optional programs are “on the table”. There is a lot of support for FS at DSHS, but realize that services for children and families is a large part of the DSHS budget and we do not know what will happen.</p> <p>Snohomish Question- where is FS in relationship to the ~ \$25 million budget? Have we hit the \$25 million cut off, gone over, and is that still the cut off?</p> <p>Answer- Since the fee reduction in 2005 we have stayed just below the \$25 million budget for FS. We are not sure if this is the result of providers cutting the # of visits or the reduction in reimbursement. We have come close to the \$25 million, but not over.</p> <p>Prenatal Care (PNC) Access issues- the state has been working with Clark, Kitsap and Snohomish on these issues.</p> <p>WithinReach- the state is working to beef up their outreach to pregnant women. Their Website has been more focused on families with young children. We are looking at what they have done for WIC to see if we can support MSS in similar ways. For example, they have a tool to help people find WIC clinics and we are looking to do something similar with MSS.</p> <p>Issues to consider:</p> <ol style="list-style-type: none"> 1. Branding- because FS MSS/ICM is implemented and named differently in each 	

			<p>community there is a branding (naming) issue. What will they ask for when they are trying to obtain MSS?</p> <ol style="list-style-type: none">2. Prenatal Care (PNC) - how can they help women find PNC providers in their community? We are trying to balance PNC outreach efforts with PNC access issues. The question we pose to ourselves is, “How much information do we put out there to attract women into PNC when there is limited access?”3. What can we do to make WithinReach more pregnant women friendly? <p>The state will be seeking providers and consumers to help us explore these issues.</p> <p>Questions/Comments Re WithinReach (WR)</p> <p>The state FS program is concerned with how WR will provide MSS referrals to clients.</p> <p>Provider Comments:</p> <ul style="list-style-type: none">• Yakima refers clients to MSS based on WIC. A lot of time WIC offers FS so it is more coordinated.• Clallam – that wouldn’t work for them since they do not provide WIC and if the client called the health dept they may not get referred to MSS.• How about round robin?• In some areas it would be more helpful for WR to be more aggressive about referring people, in some areas it may not.• If there’s a community solution we could give that solution to WR. <p>CSO FS/FP Rep Update – The 6 CSO FS/FP regional reps have been meeting to work on issues and how to best support providers. Kathi is encouraged w/their meetings. Spokane rep (Jason) is the only one who works in this position fulltime with no other duties. Jason shared some best practices that the other reps would like to implement if they had more time to spend in this role. The reps do need information from the local providers.</p> <p>Provider comments re Regional Reps:</p> <p>Clallam – problems with accessing teenagers who are on their parents TANF grants. The local CSO doesn’t know a teenager might be pregnant. Or a Mom who is already pregnant and on TANF doesn’t show up on the lists. Nita asked if the local CSOs know who Larry Green (Regional rep) is and what his role is?</p> <p>Answer-it depends on how much that rep has interacted with the local CSOs.</p>	
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				<p>We are trying to reinvigorate the role these regional reps play. We are asking them to help us figure out how to better collaborate with local CSOs.</p> <ul style="list-style-type: none"> • Snohomish- The health district under “unintended pregnancy program” has a PHN out stationed at the CSO. They get many referrals from the PHN in Arlington but not from the one in Everett. <p>Sheryl Hermanson (DSHS)- CSOs who at one time sent referrals over and then stopped is often based on the changing of administrators.</p> <p>HRSA State Updates: Program Manager for CSO FP Nurse Program has been working very hard to get FP staff to send referrals to FS folks. Her vision is that there would be a continuum of care – after the women are no longer on Medicaid the FS providers could refer the clients back to the nurses so there is a really good educational system for spacing of children.</p> <p>Sheryl has been visiting the FP nurses. She invites folks to the table and would like FS providers to be at the table.</p> <p>Is anybody involved in the 1/10 of 1% system? Are any of those dollars going into FS program? For Clallam it goes into the post partum depression groups so they use their FS client base to get clients into that program. It’s been operational only 1 yr. They are starting their 4th group. It allowed the county to set up a new tax targeted for mental health or substance abuse services. In Snohomish county alone it would be \$13 mil of new money in the county.</p>	
12:15	Lunch	All	Lunch – Review documents in preparation for afternoon discussion		
12:45	Maternity Care Access Act - 20 yrs Later	Kathy Chapman, Jan Crayk, Todd Slettvet	Share outcomes from a meeting with state managers and legislature regarding maternity care access	<p>Kathy Chapman provided an update on a meeting with Legislative staff. The meeting was really to inform/update the legislative staff regarding the history of the program and where we are today. Kathy shared with the PAG some interesting facts from Laurie Cawthon’s presentation (See handout):</p> <ul style="list-style-type: none"> • First Trimester access to prenatal care began trending down in 2003, particularly for women on Medicaid • LBW rates have been increasing 	Jan will find medical home definition. Will be sent out with minutes.

			<p>Note: Pregnancy intention and forms of birth control slide</p> <p>Kathy then reviewed the first two pages of the First Steps/Family Planning handout (see handout). Jan Crayk covered the 3rd page of this handout that covered ideas for FS pilots. Jan mentioned FS has QI projects (documentation and risk factors) that we will do regardless of anything else, but there are other things we may want to pilot or develop into a quality improvement initiative to improve how FS provides services:</p> <ol style="list-style-type: none">1. Health plan partnership2. How to engage high risk women3. CSO family planning role and referrals4. Medical home model <p>Provider Questions/Comments Regarding Data:</p> <p>What was defined as most and least effective family planning methods? Answer: birth control pill is an example of most effective vs. condom which is less effective.</p> <p>Clallam asked about the LBW numbers increasing and if those numbers were looked at in relationship to the increase in multiple births? Kathy C. said that was factored in and the numbers had still increased and are increasing nationally.</p> <p>Provider Questions/Comments Regarding Pilots:</p> <ul style="list-style-type: none">• Answers- would like to be involved in any pilots with Molina. Jan explained we want provider involvement and we will need to look at using a variety of providers to see how working with health plans would really work.• Yakima- mentioned they are in conflict with Molina. No referrals to them for First Steps and sending clients in different directions. Some of the services they provide are competing with FS services and there is concern this will be a bigger issue if they are more involved in FS directly.• Snohomish- mentioned he had a call from a health plan in Idaho who was handling a case and she wanted to make a referral for depression. She was tuned in to the depression issue but unable to address the issue since she was only able to offer phone calls to the patient.• Pierce- is concerned about the health plans providing FS services. There is a concern	
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1:15	New MSS/ICM Providers and Expansion of Current Providers Application and Process	Kathi LLoyd Jan Crayk	Discuss proposed process and gather input	<p>Jan explained we have some providers closing their MSS/ICM programs and other agencies who are interested in expanding or becoming MSS/ICM providers.</p> <p>Provider One will impact how many new providers we can approve. They are limiting the number of new providers so they can focus on their new billing system. FS has developed criteria on what counties need the most help and if a new provider or an expansion of current providers should be allowed.</p> <p>Jan asked for input about what a FS provider's role is when a new provider is interested in starting FS in their county. Should potential MSS/ICM providers have to contact current MSS/ICM providers in the area? Do providers want to be contacted by new agencies applying for MSS/ICM? If so, what would that look like?</p> <p>PAG Comments/Suggestions:</p> <ul style="list-style-type: none">• Snohomish- worst case scenario on this a few years ago. RN doing a home visit and client told them another RN came the day before. The community of FS providers were not informed of a new provider moving into their county and were upset. The staff of the new FS agency was very professional but management was not easy to work with. There are enough clients in Snohomish to go around so that was not the issue and after a few years all the agencies found a way to work through the problems.	Jan to add PAG input into state policies

				<ul style="list-style-type: none">• A new provider needs to be willing to learn and become a local player with other providers. The state needs to communicate with the community that more clients need to be served or that an agency is closing and will impact the number of clients served. Then the state should ask the current provider's if they can take on more clients. If current provider cannot take on more clients then the option of a new provider will be the solution. <p>State Question- Jan mentioned that this is what the state has done in the past recently and wants to know from the group if they agree this is the best practice. The</p> <p>PAG Answer- agree this is a good approach</p> <ul style="list-style-type: none">• Kitsap- The state should find out why providers are closing MSS/ICM and question any new providers if they can resolve those issues. For Example, if providers are closing because of financial issues/program costs can new providers realistically provide services.• Yakima Question- In counties where people have dropped out and there is no one else how are we approaching that issue? <p>Jan answer- We are still trying to figure out how to deal with that issue. Yakima- The state should approach other community programs in the area to see if they can step up.</p> <p>Counties w/One provider and clients underserved:</p> <p>Jan asked what to do about counties that have one provider and are not reaching the clients in the community (60 % clients served). Does the state need to step in even if the current provider does not want another FS provider in that area?</p> <p>Comments/Suggestions:</p> <ul style="list-style-type: none">• 1st work with the current provider to get numbers up and then allowing• Answers- mentioned freedom of choice and allowing more than one provider in an area regardless so there is choice• Okanogan- find ways to help those who are currently providing services so they can keep providing services• Snohomish- mentioned the certificate of need and rules on new providers was a	
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				terrible process but one good thing was a needs assessment from client level. What kinds of clients need services and where do they live? Base new providers on who can serve those populations/areas	
1:45	Monitoring Pilot and Implementation Plan	Becky Peters	Share lessons learned and monitoring plan	<p>Becky Peters reviewed the monitoring pilot summary and work plan for implementing lesson learned.</p> <p>Provider comments:</p> <ul style="list-style-type: none">• Answers does a lot of self monitoring with the state forms• Snohomish HD– internal agency monitoring would be good. How is the agency referring women and connecting with services in community? Community level or agency level QA instead of just client level QA would be helpful.	
2:20	Wrap up	Cynthia Huskey	Recap meeting		
2:30	Adjourn				